



STATE OF ARKANSAS
**Department of Finance
and Administration**

**OFFICE OF ADMINISTRATIVE SERVICES
Human Resources**
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REQUEST TO STOP MISCELLANEOUS DEDUCTIONS

I authorize the Human Resource staff of The Department of Finance & Administration, to stop the following deductions from my payroll check.

Employee Name: _____
Print

Employee Number: _____

Deduction Name: _____

Amount of deduction: _____

Date of Change: _____

Employee's Signature